



# AHCCCS NPI - HIPAA Consortium

June 27, 2007

3:30 PM to 4:30 PM

AHCCCS 701 E. Jefferson St. – 3<sup>rd</sup> Floor - Gold Room

**Facilitator:** Lori Petre

**Handouts:** AHCCCS NPI Key Updates, June 2007  
AHCCCS NPI Contingency Planning Efforts  
NPI Issues Log  
AHCCCS Health Care Web Page  
AHCCCS Dual Use Definitions  
NPI Contingency Plan Status Tracking (form)  
NPI Correction on Edits / Error codes (email)  
Health Plan Submission Form for Provider NPI  
AMA Letter to CMS, dated June 8, 2007  
HIPAA Updates, June 2007  
Meeting Minutes 04/26/07

*Handouts sent post-meeting via email:*

Upcoming Legislative Changes  
Validator Solution  
Health Plan Changes for Validator  
Encounter Communication Request  
-824 Application Advice  
-824 Examples  
-997 Examples

**Attendees:** Teleconference attendees are shown with an \*

**Abrazo Health**

Liz Liska\*  
James Ten Eyck\*  
JoAnn Ward\*

**ADES**

David Gardner  
David Gonzales  
Stacey Hill  
Terri Spenks

**ADHS**

Kevin Gibson  
Dimitar Pekin  
Susan Ross

**AHCCCS**

Deborah Burrell  
C. Michael Collins  
Dwanna Epps  
Dora Lambert\*  
Jacqueline McElroy  
Nancy Upchurch

**Capstone**

Lydia Ruiz

**Care 1<sup>st</sup> Arizona**

Sheila Jones  
Ann Weeks

**Centene Corporation**

John Huff\*  
Carrie Skoog-Boutajrit  
Susan Stout\*

**Cochise Health Sys**

Marcia Goerdt\*  
Barbara Jones\*  
Paula Saroff\*  
Susan Speicher\*

**Iasis Healthcare**

Mary Boyd  
Jesse Perlmutter\*  
Rosalinda Pili\*

**Maximus**

Diane Sanders

**Pima Health Systems**

Marcia LeBlanc\*  
Fed Payne\*  
Alan Tiano\*

**Pinal County**

Cheryl Davis  
Jennifer Schwartz

**Scan Healthplan**

Jim Hasey\*  
Sharon Hawn\*  
Julie Shannon\*

**Schaller Anderson**

Todd Cassel  
Maurice Hill  
Cathy Jackson-Smith  
Walter Janzen

**UHC**

Beverly Duffy\*  
Sean Stepp\*

**UPH**

Kathy Steiner\*

**Yavapai County**

Becky Ducharme\*

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The June 27, 2007 Agenda includes updates to legislation affecting AHCCCS and the Validator project.

**OVERALL NPI STATUS UPDATES**

**Lori Petre**

**AHCCCS NPI Contingency Plan**

The Plan has been updated by an internal technical review. Those document changes have been italicized.

Compliance for rendering providers will be enforced on 01/01/08. At that time, serious consideration will be given to a hard enforcement for encounters edits.

The database for the dissemination policy will not be ready until 08/01/07. AHCCCS is ready to integrate with the data warehouse when the database does become available.

Three changes have been made to the listing of provider type NPI requirements. They will be posted to the AHCCCS website today.

All contingency plans have been received. All Health Plans (HP) should have received the listing of the top 500 providers. This will be updated by early August. Increases on the list may bring the number of providers to the top 1000. The first contingency status reports from the HPs will be due 07/15/07.

**Current Issues List**

The List contains issues within the AHCCCS system that may be similar to issues which may have been noted by the HPs. To date, AHCCCS has made a decision to support the first issue, One NPI to Multiple AHCCCS ID Numbers, e.g., hospitals.

An internal AHCCCS registration number will continue to be used and given to new providers in order to support atypicals who do not have an NPI and to support internal PMMIS processing.

**AHCCCS Web Page**

The web page <http://ahcccsdev/hipaa/Documents/PDFs/NPIDocuments> contains links to the *NPI Contingency Plan* and *Definition of Dual-Use*. It is important to note that, if a HP's definition of dual use differs from what AHCCCS has noted, the providers need to be informed.

**Contingency Plan Status Tracking**

The Health Plan Contingency status form is due monthly on the 15<sup>th</sup>. Feedback from the HPs about the form's content is welcomed.

**Correction on Edits**

Edits will be enforced for processing dates - Encounters may have an additional 30 days.



...email comments regarding NPI status to [lori.petre@azahcccs.gov](mailto:lori.petre@azahcccs.gov).

**HIPAA UPDATES**

**Mary Kay McDaniel**

**AMA's Stand on Dissemination Database Delay**

The AMA has concerns about privacy and wants to enable physicians to eliminate certain information, i.e., use of physician's home address. The delay in delivering the database will allow time for data cleanup.

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National Uniform Billing Committee (NUBC) [nubc.org]

Nursing home claim issues should be addressed to Mary Kay. An outcome from the recent X12 meeting is the “Exceptions to Inpatient/Outpatient General Designation Data Element/Form Locator.” Adding a reference segment regarding levels of care will be studied by a subgroup. An invitation is open all who want to join.

National Uniform Code Committee (NUCC) [nucc.org]

Confusion on the new 1500 form arises from differences between the electronic world and the paper world. Box 33 is filled out on the electronic claim if the billing provider is the same as the rendering provider. If the billing provider is not rendering provider, Box 24J on the paper claim will contain an NPI. This is a situational requirement for Medicare.

ADA Dental Claim

The new dental claim form has been available for NPI since January of '07 and is contained in publication “CDT-2007-1008.”

Claim Adjustment Codes

AHCCCS wants to put together a workgroup to review the use of claim adjustment reason codes and remark codes during crosswalk transitions out to the 835. The group will also review how to use an 835 appropriately for providers.

X 12 News

One of many expected addendums is one sponsored by CMS - a required search option that they did not like in 270/271 transactions. The addendum will remove the 4<sup>th</sup> required search in the Implementation Guides.

Present on Admission Indicator

CMS is requiring 4010 A1 transactions on the K3 segment as part of the DRA to prove or disprove when a diagnosis has occurred, i.e., did a patient contract an infection before or after admittance? If get the infection was contracted while in the hospital, there are 13 specified areas that CMS will review. Medicare will not pay additional hours if it occurred after admission. HPs might want to consider how they will store that CMS data should it ever be required.

HP participation is requested regarding cost benefit surveys for 837 and NCPDP transactions. This is an opportunity to be heard. (See details pp. 7-8 of “HIPAA Updates”)

Payer to Payer (PHR) Transaction

The cost average for an organization to transmit a set of medical records from mail post to mail post is about \$600. Electronic transfer simplifies the process and saves money. The same model used for the pilot done for Empire BCBS can be downloaded from [www.wpc-edi.com](http://www.wpc-edi.com) and scanned with many acceptable file extensions.

NPI – National Provider Identifier

42,409 NPIs have been issued in Arizona. A revised application and form is available at the CMS website.

AHCCCS News

FFS 837 companion document, dated 06/04/07, includes NPI changes and has been updated and loaded to the AHCCCS website.

NCPDP 5.1 Encounter companion document was approved and will soon be posted to the web.



...email comments regarding HIPAA Updates to [ahcccsipaaworkgroup@azahcccs.gov](mailto:ahcccsipaaworkgroup@azahcccs.gov)

New Legislation and Validator Project

**Lori Petre**

**Arizona NPI Technical Consortium**  
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On June 15, '07, a legislative update was sent to all of the CEOs and program contractor administrators from Shelli Silver. Most of the AHCCCS changes this year became components of the budget rather than independent bills. When the budget was signed last week, these items became actualized. More detail will be forwarded in the future.

1. Outlier

Historically, a statewide cost-to-charge ratio was used to reimburse outlier, and the hospital specific cost-to-charge ratios were used in order to qualify for outlier status. This is the first in a series of possible changes related to Outlier. There are ongoing workgroups with hospitals studying outlier.

Each hospital will be assigned either an urban or rural cost-to-charge ratio that will continue to show up on the provider specific rate schedule. The statewide cost-to-charge ratio will be maintained for reimbursement to out-of-state hospitals. Both the qualification and reimbursement to outliers will become based on this hospital urban or rural cost-to-charge ratio specified on the provider specific rate schedule.

A second change to outlier concerns “routine” maternity. “Routine” maternity should never qualify for outlier and will no longer be eligible. “Routine” maternity is defined as “birth less than three babies.” The diagnosis codes specific to this change are not yet available but will be forwarded when they are.

The effective date of this change is for Dates of service 10/1/07 and after.

2. Dental

There will be a new routine dental benefit is for ALTCS, with a \$1000 per year possibly limited to certain service codes. This benefit is not currently permanent, but has a one-year (session law) lifespan.

The effective date of this change is for Dates of service 10/1/07 and after.

3. Hospice

Historically, hospice has been limited to Medicare members over 65 and children under 20. It will now be available to all acute members, age 21-64. This benefit is also bound by session law with a one year span. There are currently no Encounter edits that limit hospice services e.g., to any particular age group.

The effective date of this change is for Dates of service 10/1/07 and after.

4. HPV Vaccine will be available to women, age 21-26.

The effective date of this change is for Dates of service 10/1/07 and after.

5. SOBRA FPL is being increased.

OPFS

The outpatient rule was opened to change the PGM modifier percentage for critical access hospitals. It will be effective on 10/1/07 and will be 215%.

Validator Project

The Validator will be ready for the October cycle. HPs should have received a summary of health plan changes and follow-up 824 and 997 examples. It is important that HPs test Community Manager and Transaction Insight.

It should be noted that test data being sent through the Validator does not currently go through the mainframe test processes. Those areas will remain subdivided into two test environments until August 1, 2007.



...email comments regarding NPI status to [lori.petre@azahcccs.gov](mailto:lori.petre@azahcccs.gov).

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**Questions**

**Mary Kay McDaniel and Lori Petre**

1. Will AHCCCS be acquiring the NPIs from the disseminated data?

AHCCCS will use every method available and usability will depend on the quality of data. It is anticipated that the Dissemination data will be used more as a validation tool than a data source.

2. What happens if AHCCCS has a different NPI than that on the dissemination?

Provider Registration (valerie.noor@azahcccs.gov) has a process for researching and resolving such problems quickly. AHCCCS has had numerous times when there was a conflict with a number given by a provider.

3. Can the Health Plans get a copy of the electronic format of what AHCCCS has as far as NPI numbers that would list the NPI and the Medicaid ID?

That data is a component of the provider file. If you want a list separate from the provider file, yes, that can be done. AHCCCS can burn to a CD and provide to interested parties.

There is another file that will be optionally available that will be a change tracking file for NPI information and will show changes from the last 30 days.

4. Regarding billing provider NPI, is AHCCCS putting them on the website or PMMIS for HPs to see?

If the billing provider is registered in PMMIS, yes. Some of them may not be in our system because they are not necessarily submitted on encounters.

5. When does the 5010 version become required?

This question has no resolution until the X12 can make a determination. The way the legislation reads SB628 remains an issue. Is a 5010 version a new transaction or is it merely a change to the existing transaction? – will it be 24 months or 6? WEDI faces the question of what is the recommendation we are to give. How long will it take to bring an 837 online?

6. If a service facility address comes through incomplete, what will happen?

The Validator will reject if there is nothing in address line 1 in the N3, N4 element. Will a false (123 Easy Street) or a partial street address be validated? Yes, if the zip code is valid.

7. When is AHCCCS going to stop accepting the old 1500 form?

October 1, 2007

8. Is AHCCCS going to stop accepting the old dental form?

The NPI cannot be placed on the old forms. Some large payors have already switched. October 1, 2007

The Meeting adjourned at 4:35 p.m.

Corrections to the minutes should be directed to [NpiConsortiumCoordinator@azahcccs.gov](mailto:NpiConsortiumCoordinator@azahcccs.gov).